

[Prior Year] TEXAS POLICY COUNT EXHIBIT

IMPORTANT: Before completing this form, carefully review the following paragraph and the enclosed instructions and definitions.

TDI License Number

Find your company number at https://apps.tdi.state.tx.us/pcci/pcci_search.jsp

Company Name

Address

City

State

Zip Code

I, the undersigned, attest to the following on behalf of the company identified above:

The figures entered below represent the total number of policies, group contracts, and certificates issued under group contracts for which this company was the direct insurer or became direct insurer through assumption reinsurance (or, if a health maintenance organization, the HMO was the provider of a health care service plan) and which were in force and covering Texas risks as of December 31, [prior year]. The figures do not include policies, group contracts, or certificates for which the company was an indemnity reinsurer, plan administrator, etc. This information is accurate to the best of my knowledge.

No coverages in force in Texas as of December 31, [prior year]

Submit Date:

| Line of Coverages | Individual Policies/ Contracts | Group Contracts | Group Certificates |
|--|-----------------------------------|-----------------|--------------------|
| Life | | | |
| Annuities | | | |
| Medicare Supplement/Select | | | |
| All Other Health and Accident | | | |
| Personal Motor Vehicle | | -N/A- | -N/A- |
| Commercial Motor Vehicle | | -N/A- | -N/A- |
| Dwelling | | -N/A- | -N/A- |
| Workers' Compensation | | -N/A- | -N/A- |
| Other Property, Casualty, Surety and/or Title | | | |

First Name

Last Name

(Print or Type)

Title

Area Code

Phone Number

Extension

Fax Area Code

Fax Number

Enter Phone Number without hyphens: 9999999

Enter Fax Number without hyphens: 9999999

Email Address

TDI may release my email address in response to a public information request.

Clear Form

Print Form

Submit by Email

To complete the filing, you must send the email with the XML attachment.